

# Collaborations & Partnerships to Address Stigma

## INTRODUCTION

Although many maternal and child health (MCH) programs have designated mental health (MH) and substance use disorder (SUD) a state priority area for the Title V Block Grant, stigma remains a significant barrier to treatment and recovery. Title V programs are well poised to address issues surrounding stigma for MCH populations through partnerships and collaborations.

## OVERVIEW

Access to MH/SUD treatment can lead to improved health outcomes for women, children, families, and communities. Although many people face mental health challenges, negative stereotypes, and misconceptions—otherwise known as “stigma”—can arise from internal feelings of shame and guilt. For individuals, the stigma of MH/SUD can lead to reduced autonomy and self-efficacy, and segregation. It is also common for the public to believe that mental health diagnoses are shameful and to perceive that individuals who experience MH/SUD issues are incompetent. These attitudes have propelled efforts to criminalize these diseases.

According to the National Alliance on Mental Illness (NAMI), mental health conditions are the leading cause of disability in the United States. Eight of 10 workers with a mental health condition report that shame and stigma prevent them from seeking treatment. Untreated mental health conditions cost the U.S. economy \$200 billion in lost earnings each year through decreased work performance and productivity.<sup>1</sup> According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 20.3 million people have a SUD related to the use of alcohol or illicit drugs.<sup>2</sup> Furthermore, SAMHSA finds that SUDs among

<sup>1</sup> National Alliance on Mental Illness (n.d). Stigma free company. Retrieved from: <https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Company>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2019.) *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

adult women occurs more frequently when a woman has a co-occurring mental illness.<sup>3</sup> Stigma is closely associated with discrimination towards people suffering from SUD.<sup>4</sup> This is particularly true for pregnant women with SUD, who are often portrayed as unfit or harmful to their children, and likely to give birth to infants with neonatal abstinence syndrome (NAS). Stigmatization influences how women engage with the health care system for obstetrical care and MH/SUD treatment.<sup>5</sup> Studies have found that adverse experiences resulting from stigma can lead to decreased engagement or even avoidance of care.<sup>6</sup> Stigmatizing beliefs of health professionals toward pregnant women with MH/SUD have contributed to this trend. Furthermore, in a study

looking at race, depression, and pregnancy, researchers found that Black women reported more stigma associated with depression than their white counterparts.<sup>7</sup> Stigma can exacerbate existing disparities and make it more important to engage women in treatment in a culturally appropriate manner.

With the increasing incidence of youth suicide, postpartum and perinatal depression, and SUDs among pregnant women, state Title V programs have demonstrated their commitment to expanding access to MH/SUD care by addressing stigma. Leveraging relationships with local and state partners and families can help Title V programs expand the impact of these efforts.

## WHY COLLABORATE?

Among state Title V programs, mental health and substance use are gaining broader attention as a key issue affecting the well-being of women, children, and families, including those with special health care needs. Although Title V professionals are not solely responsible for addressing the mental health needs of women and children in their states, they are poised

as experts and partners who can contribute to the design and implementation of anti-stigma programs and services. Addressing stigma is a multifaceted undertaking that requires meaningful partnerships and collaborations to impact public perception, understand cultural norms, recognize historical trauma and mistrust, and to reduce the criminality of MH/SUD.

## OPPORTUNITIES FOR ACTION TO ADDRESS STIGMA: AN OVERVIEW OF STATE STRATEGIES

Several Title V programs are collaborating with partners to address the stigma of mental illness and SUD through nontraditional and cross-sector partnerships. Set out below

are strategies identified through an overall environmental scan of the Title V Information System. They serve as a snapshot of the larger body of work in which Title V is engaged.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2018). *2018 National Survey on Drug Use and Health: Women*. Retrieved from: [https://www.samhsa.gov/data/sites/default/files/reports/rpt23250/5\\_Women\\_2020\\_01\\_14\\_508.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt23250/5_Women_2020_01_14_508.pdf)

<sup>4</sup> The World Health Organization. (2001). "Mental health policy and provision," chapter 4, in *World Health Report*. Retrieved from: <https://www.who.int/whr/2001/chapter4/en/index2.html>

<sup>5</sup> Association of State and Territorial Health Officials. (2019). *Stigma reinforces barriers to care for pregnant and postpartum women with substance use disorder*. Retrieved from: <https://www.astho.org/ASTHOBriefs/Stigma-Reinforces-Barriers-to-Care-for-Pregnant-and-Postpartum-Women-with-Substance-Use-Disorder/>

<sup>6</sup> Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*. DOI 10.2105/AJPH.2012.301056 Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698814/>

<sup>7</sup> O'Mahen, H., Henshaw, E., Jones, J., & Flynn, H. (2011). Stigma and depression during pregnancy: Does race matter? *The Journal of Nervous and Mental Disease*. Volume 199, Issue 4, p 257-262. Retrieved from: [https://journals.lww.com/jonmd/Abstract/2011/04000/Stigma\\_and\\_Depression\\_During\\_Pregnancy\\_Does\\_Race.9.aspx](https://journals.lww.com/jonmd/Abstract/2011/04000/Stigma_and_Depression_During_Pregnancy_Does_Race.9.aspx)

► STRATEGY: REDUCING STIGMA THROUGH PUBLIC EDUCATION CAMPAIGNS AND MESSAGING

Colorado is one of several Title V programs that are addressing stigma through public education campaigns. The design and implementation of anti-stigma campaigns can vary from state to state.

In the 2016–2020 Colorado MCH Title V Needs Assessment, pregnancy-related depression was identified as a priority issue for the state. Several local public health agencies have also prioritized this issue. Data from the 2015 Colorado Health Access [Survey](#) identified stigma as a major barrier for women seeking treatment for pregnancy-related depression. As a result, the MCH goal for this priority was to reduce stigma associated with pregnancy-related depression and other maternal mental health issues and to increase the number of women who seek treatment. To address the issue of stigma, the Colorado Department of Public Health & Environment (CDPHE) launched a public awareness campaign in October 2016. Although the more extensive implementation and evaluation stages of the campaign ended in October 2018, the campaign continues to be promoted through various platforms, as funding permits. The campaign goals include the following:

- Improve the awareness and knowledge of pregnancy-related depression among pregnant and postpartum women and their informal support networks
- Improve women's perceptions and attitudes toward seeking professional help for pregnancy-related depression
- Document lessons learned to inform future department efforts in perinatal behavioral health services

CDPHE developed the campaign in partnership with Postpartum Support International (PSI). PSI's [website](#) provides support, education, and local resource information. CDPHE worked with PSI to build the Colorado-specific webpages for the campaign in both [English](#) and [Spanish](#), and partnered closely with the Colorado chapter of PSI to implement the campaign. Using a trauma-informed approach, PSI also offers a “warm line” in English and Spanish, which rapidly refers callers to appropriate local resources, including emergency services. A partnership with a long-standing organization, such as PSI, also ensures that resources and materials continue to be publicly accessible after the paid campaign ends.<sup>1</sup> The campaign included four key strategies: paid media, earned media, owned media, and partner efforts. Campaign strategies are as follows:



<sup>1</sup> To look at detailed metrics about the campaign's performance from October 2016 through October 2018, view the [Full Recap Overview Presentation](#).

**TABLE 1**

**Campaign Strategy Overview**

**Paid:** The campaign used a comprehensive paid media plan which included advertising via digital, social media, geo-fencing, influencer blogs, print, event sponsorship, Pandora, Pinterest, Google AdWords, and Spanish-language television and radio. The paid campaign focused on digital tactics to maximize campaign resources and statewide visibility. Digital tactics also allowed the campaign to be adjusted and optimized on a continual basis for the best performance based on common metrics (impressions, clicks, click-thru-rate, and cost-per-click).

**Earned:** Media relations efforts were conducted throughout the campaign, including press release and op-ed distribution, media pitches with statewide and local outlets, and media interview coordination with campaign spokespeople and subject matter experts.

**Owned:** The department promoted the campaign, and shared partner resources, via its Facebook and Twitter accounts, website, and Maternal Wellness Update monthly newsletter.

**Partner Extension:** A comprehensive partner toolkit was developed to support community extension at the local level. The toolkit included posters, flyers, business cards, social media images/copy, fact sheets, and talking points. Several webinars took place to launch the campaign, provide updates, and outline how partners can help support statewide efforts.

**Budget:** Merritt+Grace was awarded \$698,529 to develop, execute and evaluate the campaign between July 2016 and December 2018. The net paid media budget accounted for 66 percent of the total budget. A separate budget of approximately \$50,000 was allocated and expended to conduct several market research efforts to inform development of the English and Spanish campaigns.

*Source:* Pregnancy-Related Depression Public Awareness Campaign, Final Report, Merritt and Grace, LLC; Colorado Department of Public Health & Environment

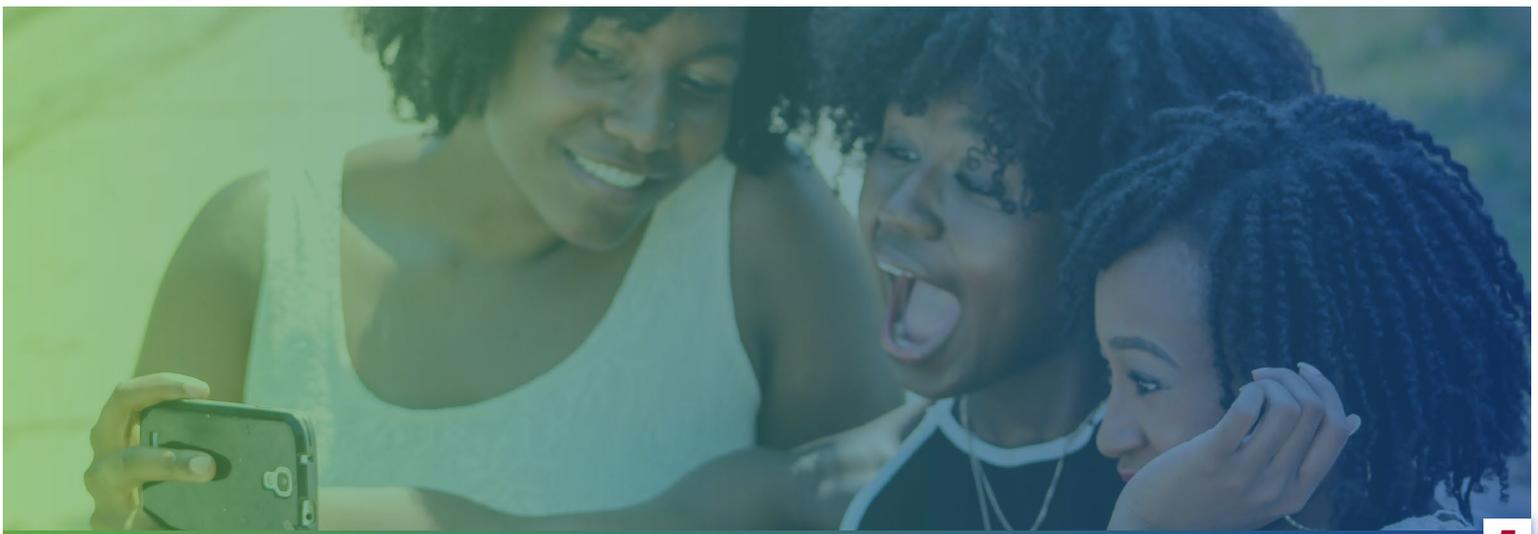


CDPHE designed the campaign with data collected through community conversations with English and Spanish speaking women, including African American women. The comprehensive research gauged baseline knowledge and opinions about pregnancy-related depression and barriers to

accessing formal and informal supports. Women participating in the research helped inform the design of a meaningful, relevant, and culturally appropriate public education campaign. Below are findings from the market research:

**TABLE 2**

Market Research	Key Message Takeaway
English-speaking pregnant and postpartum women and their support systems (statewide)	<ul style="list-style-type: none"> <li>Pregnant and postpartum women - Messages that resonated addressed their sentiments of maternal guilt, ideals of motherhood, and isolation. Distrust of messages that oversimplified their complex feelings and ease of treatment.</li> <li>Support - empathetic messages focusing on directing affected women to seek professional help were found to be most relevant.</li> <li><a href="#">Report</a></li> </ul>
English-speaking African American pregnant and postpartum women (Denver-metro area)	<ul style="list-style-type: none"> <li>African American/Black women face additional challenges and contend with internal and external factors stemming from systemic, historical and ongoing racism, discrimination, and disparities.</li> <li>Understanding of the historical and cultural context in which African American/Black pregnant women and new moms struggle is needed for an effective communication strategy.</li> <li>Authentic engagement of the community is likely to generate community-driven solutions, develop a culturally competent workforce, and implement responsive services.</li> <li><a href="#">Report</a></li> </ul>



Spanish-speaking pregnant and postpartum women  
(Denver-metro area)

- Pregnant and postpartum women - messages that resonated focused on symptoms vs. medical condition, addressed their sentiments of fear, exhaustion, guilt, overwhelming responsibility, and isolation.
- Support - empathetic messages focusing on the importance of helping moms and directing them to seek professional help were found to be most relevant.
- [Report](#)

Source: Pregnancy-Related Depression Public Awareness Campaign, Final Report, Merritt and Grace, LLC; Colorado Department of Public Health & Environment

During the evaluation period from 2016–2018, the campaign resulted in strong visibility and reach across Colorado:

Statistics were as follows:

- More than 39 million paid media impressions
- More than 131,000 page views on the English and Spanish landing pages
- 527 calls to the “warm line”

Partnerships were critical for designing and successfully implementing the campaign to reduce the stigma of pregnancy-related depression. The campaign’s final report noted that “working closely with local partners is a vital part of successfully extending the campaign into local communities. Strong partner communication and engagement facilitated idea-sharing and support across the state.”<sup>8</sup>



<sup>8</sup> Colorado Department of Health (2018). *Pregnancy-related depression public awareness campaign: Final report*. Retrieved from: <https://drive.google.com/file/d/0B6uZg6hu5g7fVDI6QmJ3Y1F4bEhBWIM4aEozTkRnMXY4cHFv/view>

► STRATEGY: UTILIZING A TRAUMA-INFORMED APPROACH TO ADDRESS STIGMA

The Arizona Department of Health Services (ADHS) [Bureau of Women's and Children's Health](#) has taken the lead in implementing the National Governor's Association's (NGA's) "Arizona Neonatal Abstinence Syndrome (NAS) Action Plan." In January 2018, Title V, the Arizona Governor's Office of Youth, Faith and Family (GOYFF) and other state agencies formed a task force to address maternal opioid use disorders, to reduce the incidence of NAS. In May 2018, the team convened an NAS Community Forum, to lay the foundation for the three-year NAS Arizona Action plan. The Plan includes key strategies to reduce the number of babies born with possible drug-related withdrawal symptoms. Strategies include:

- Implementing a trauma-informed approach for treating substance use and opioid use disorders and NAS
- Raising awareness and reducing the stigma related to substance use for Arizona women

To provide ongoing coordination and to complete the NGA NAS Action Plan strategies, the Title V/MCH Program co-chairs the statewide Substance Exposed Newborn Prevention Task Force, a collaboration of state agencies, Medicaid

health plans, the Arizona Perinatal Trust, behavioral health and substance use treatment providers, and local nonprofits, as well as mothers with lived experience. The task force has developed an online course for home visitors, a toolkit for providers and community educators, and a provider video series, to promote care of substance-exposed newborns. These resources increase awareness and understanding of women experiencing substance use disorders and describe the needs for sensitivity and compassion to address the unique needs of women in an open, non-stigmatizing manner.

Arizona has an anti-stigma campaign that addresses all populations. The "[We Need to Talk](#)" campaign includes public service announcements, bill boards, and a website with linkages to resources. As recommended in the [Arizona Opioid Action Plan](#), beginning in 2020, Title V/MCH and partners will develop a stigma reduction media campaign specifically focused on women. This effort will raise awareness of pregnant and parenting women who may be using substances, to reduce the shame and the stigma associated with substance use and to gain acceptance of medication-assisted treatment.

In **New York**, the Women Who Use Drugs Workgroup is comprised of relevant stakeholders, including the Title V Program, AIDS Institute Office of Drug User Health, American College of Obstetricians and Gynecologists District II, healthcare providers, midwives, doulas, county health departments, universities, and community-based organizations. The workgroup focuses on substance use disorders in women, including perinatal substance abuse. The workgroup is focused on educating providers on SUDs in women, promoting treatment for SUDs, reducing the stigma associated with addiction, supporting trauma-informed care, encouraging breastfeeding, and promoting ethical care for women with SUDs.



## ► STRATEGY: ADDRESSING STIGMA TO REDUCE YOUTH SUICIDE

### BRIEF SNAPSHOTS:

**North Dakota:** Title V staff collaborate with the North Dakota Department of Health’s Suicide Prevention Program (SPP) and participate on the North Dakota Suicide Prevention Coalition (SPC). The SPC is a statewide group of suicide survivors, stakeholders, and volunteers who promote the message that suicide is a preventable public health problem. The SPP developed messages for television and social media that promote stigma reduction, encourage youth and families to ask about mental health, and empower people to connect their family members at-risk of depression and suicide to help. The SPP continues to gather broad-based support across sectors and communities through the North Dakota SPC.

**Connecticut:** Suicide prevention is a focus area for school-based health centers in Connecticut. To support this focus area, Title V distributes “[1 Word 1 Voice 1 Life](#)” suicide prevention awareness campaign materials developed by the Connecticut Suicide Advisory Board (CT-SAB) throughout all programs. “Question, Persuade, Refer” (QPR) suicide prevention training is available to partners working with adolescents, including high schools, school-based health centers, Department of Children and Families foster parents, and numerous care coordination and family advocacy partners. The Connecticut Department of Public Health and CT-SAB works with contractors to implement trainings that address risk factors related to suicide ideation and reduce stigma in accessing mental health services or treatment. The Department of Public Health also partners with Child Health and Development Institute and the Connecticut Children’s Medical Center to promote “Educating Practices in the Community” (EPIC) training on suicide prevention for pediatric providers, including school-based health centers.

### CHECKLIST FOR ACTION

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| ✓ Address mental health in all programs and policies to break down silos and combat stigma | ✓ Engage diverse communities to understand historical and current trauma and to design culturally appropriate anti-stigma activities | ✓ Identify key partners to expand the reach of anti-stigma activities and campaigns | ✓ Partner with individuals and families that have lived experience |
|--|--|---|--|